

# Health Care Transformation Task Force

Patients, Payers, Providers  
and Purchasers Partnering  
to Promote Value



# The Truth about the Medicare Direct Contracting Model's Global and Professional Tracks



# The Three Tracks of Medicare's Direct Contracting Program

- The DC model is a voluntary program originally designed to include three tracks (Global, Professional, and Geographic).
- Only the Global and Professional (Glo-Pro) tracks have been implemented; the Geographic (Geo) track is under review, has not been implemented, and its future is uncertain.
- While features of the Geo track have been characterized as privatizing Medicare, these features do not apply to the Glo-Pro tracks which function more like traditional ACO models.
- This slide deck is intended to address some common misconceptions about the DC model Glo-Pro Tracks.



## Myth #1

The DC model is an untested take over of traditional Medicare.

## Fact

DC is a temporary model run by the CMS Innovation Center (CMMI) and is designed to end after five years. All CMMI models undergo rigorous ongoing evaluations to monitor impacts and may only be expanded at the discretion of the Secretary of HHS if they are shown to:

1. Improve quality without increasing costs,
2. Reduce costs without negatively impacting quality, or
3. Improve quality and reduce costs.



## Myth #2

The Glo-Pro tracks switch patients from Medicare to a private insurance plan.

## Fact

Glo-Pro beneficiaries are still covered by Original Medicare, not Medicare Advantage, and they have the freedom to receive care from any Medicare provider and may switch providers at any time.



## Myth #3

The Glo-Pro Tracks incentivize providers to cut costs at the expense of patients' health and quality of care.

## Fact

Unlike traditional fee-for-service, Glo-Pro directly ties payment to quality measures which incentivize providers to deliver high-quality care that is coordinated with the beneficiaries' other providers, and encourages them to pay attention to the non-clinical social needs that impact beneficiaries overall health and wellbeing.



## Myth #4

The Glo-Pro tracks auto-enroll patients and allows providers to dictate their patients' participation.

## Fact

Beneficiaries are only included in the programs if:

1. They voluntarily tell CMS they want to be assigned to a Glo-Pro participating provider.
2. They receive most of their primary care services from a Glo-Pro participating physician.

This approach is similar to other ACO models including the Medicare Shared Savings Program.



## Myth #5

Ending the Glo-Pro tracks will protect Original Medicare and help patients.

## Fact

Ending Glo-Pro will be disruptive to patients and providers, and set back the value movement. Beneficiaries in these tracks are benefitting from enhanced care coordination, improved affordability, and increased provider attention to improving health through social supports. ACOs remain a critical part of transforming Original Medicare and have proven their ability to improve care and control costs. Continuing Glo-Pro is a key part of CMS efforts to engage providers to achieve its goal of having all Medicare beneficiaries in accountable care relationships by 2030.

